

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to FC §§ 17400, 17406) (Name, State Bar Number, and Address): <hr/>	TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> FAMILY SUPPORT		
		CASE NUMBER:

TO (name):

1. A hearing on this motion for the relief requested below will be held as follows:

a. Date:	Time:	Dept.:	Room:
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b. Address of court: ☐ same as noted above ☐ other (specify):

2. I am requesting the court to change the amount currently payable by

☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to the following:

- a. ☐ child support pursuant to the California child support guideline commencing (date):
 b. ☐ spousal support of: \$ per month beginning (date):
 c. ☐ family support of: \$ per month beginning (date):
 or such other sums as may be appropriate pursuant to applicable guidelines.

3. I am requesting issuance of modified earnings assignment.

4. ☐ I am requesting the court to order the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent
 to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage
 Assignment (form FL-470).

5. (Check whichever statements are true, if any)

- a. ☐ An application for public assistance (TANF) for the children is pending in (county name): County.
 b. ☐ The children are receiving public assistance from (county name): County.
 c. ☐ This request is made by the governmental agency providing support enforcement services in this action.

6. This request is based on

- a. the attached completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150)
 for the applicant.
 b. ☐ a significant change in the income of ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent
 c. ☐ the attached guideline support calculation sheet.
 d. ☐ other (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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PROOF OF SERVICE

The *Notice of Motion and Motion* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the children are receiving TANF, the *Notice of Motion and Motion* must also be served on the local child support agency of the county where the action is filed. Service of the motion on the local child support agency and other party may be made by anyone at least 18 years EXCEPT you. Service is made in one of the following ways:

- (1) Personally delivering it to the office of the local child support agency and to the other party.

OR

- (2) Mailing it, postage prepaid, to the office of the local child support agency, and to the last known address of the other party.

Anyone at least 18 years of age EXCEPT A PARTY in this action may personally serve or mail the motion. Be sure whoever served the motion fills out and signs this proof of service. The *Notice of Motion and Motion* cannot be filed with the court until the local child support agency and the other party (or attorney) are served and this proof of service is properly completed. If this motion is brought after judgment has been entered in the case, service must be made on the party and not the attorney for the party.

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of the foregoing *Notice of Motion and Motion* as follows (*check either a. or b. below for each person served*):
 - a. ☐ **Personal service.** I personally delivered a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* and all attachments as follows:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
(a) Address where delivered:	(a) Address where delivered:
(b) Date of delivery:	(b) Date of delivery:
(c) Time of delivery:	(c) Time of delivery:
 - b. ☐ **Mail.** I deposited a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
(a) Address:	(a) Address:
(b) Date of mailing:	(b) Date of mailing:
(c) Time of mailing:	(c) Time of mailing:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)	 (SIGNATURE OF PERSON WHO SERVED MOTION)
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